STATE OF NEBRASKA

Regulations Governing Mandatory Reporting by
Health Care Professionals, Facilities,
Peer and Professional Organizations, and Insurers

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

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**TITLE 172 - NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS**

CHAPTER 5 - REGULATIONS GOVERNING MANDATORY REPORTING BY HEALTH CARE PROFESSIONALS,FACILITIES, PEER AND PROFESSIONAL ORGANIZATIONS, AND INSURERS

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CHAPTER 5 - REGULATIONS GOVERNING MANDATORY REPORTING BY HEALTH CARE PROFESSIONALS, FACILITIES, PEER AND PROFESSIONAL ORGANIZATIONS, AND INSURERS

001 SCOPE. These regulations govern the manner and method in which health care professionals, health care facilities, peer review organizations, professional associations and insurers shall report actions or conduct by persons who are licensed, certified, or registered by the Department which may violate laws or regulations governing their professions.

002 DEFINITIONS. Except as the context requires or as is specifically provided, the following definitions apply to these regulations:

002.01 Bureau means the Bureau of Examining Boards of the Department of Health.

002.02 Conviction shall mean a finding of guilty for a crime committed. Such finding may be made on a:

002.02A - verdict of a jury;

002.02B - non-jury trial before a court or other tribunal; or

002.02C - upon acceptance of a plea of guilty or no contest without trial.

002.03 Department means the Department of Health, State of Nebraska.

002.04 Employment means services performed for another for wages or salary, or under agreement or contract in partnership or association with other health care professionals.

002.05 Facility means an entity licensed by the Department under the provisions of Neb. Rev. Stat. ∋71-2017.01 and includes, for purposes of self-reporting, entities in other states or under federal jurisdiction, including the military, that provide health care services.

002.06 Firsthand knowledge means information or knowledge gleaned directly from the original source through use of the senses, such as an eyewitness.

002.07 Gross incompetence means a demonstrated lack of proficiency, skill or ability to perform the duties and functions of the health care profession to a very high degree.

002.08 Health care professional shall mean an individual regulated by the Department under the Emergency Medical-Technician Paramedic Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Act, the Nebraska Cosmetology Act, the Nurse Practitioner Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections Neb. Rev. Stat. ∋71-1,132.04 to ∋71-1,132.53, ∋71-3702 to ∋71-3715, ∋71-4701 to ∋71-4719, or ∋71-6053 to ∋71-6068.

002.09 Practicing while the ability to do so is impaired

002.09A - with respect to alcohol, controlled substances or narcotic drugs means demonstrating drug or alcohol use which diminishes or otherwise impacts the ability to practice safely or competently.

002.09B - with respect to a physical disability means engaging in practice of some or all of the essential functions or duties of a health care profession while the ability to do so safely or competently is diminished or otherwise impacted because of physical limitations.

002.09C - with respect to a mental or emotional disability means engaging in practice of some or all of the essential functions or duties of a health care profession while the ability to do so safely or competently is diminished or otherwise impacted due to a disorder of thought, mood, perception, orientation or memory.

002.10 Licensee Assistance Program means the voluntary program for education, referral assistance, and monitoring of compliance with treatment of habitual intoxication or dependence on or active addiction to alcohol or any controlled substance or narcotic drug established under Neb. Rev. Stat. ∋71-172.01 to ∋71-172.02.

002.11 Pattern of negligent conduct means a continued course of failure to use the care, skill and knowledge ordinarily possessed and used under like circumstances by members of the same profession engaged in similar practices in the same or similar localities in performing the duties of the profession.

002.12 Payment shall mean monetary compensation made by or on behalf of a health care professional due to acts or omissions of a health care professional in his or her personal or corporate capacity.

002.13 Peer review organization or committee means a professional society or committee or agency thereof, including those at the national, state or local level, or a facility's peer review or utilization review committee or similar body, that engages in professional review activities through a formal peer review process to further quality of care, including notice and opportunity for hearing.

002.14 Professional association, society or organization shall mean any organization of individual health care professionals who are required to obtain a license or other legal authorization prior to performing a professional service.

002.15 Professional liability claim or claim means a complaint or demand for payment based on a health care professional's provision of or failure to provide health care services, and includes complaints or demands made prior to suit and the filing of a cause of action based on the law of tort brought in any state or federal court or any adjudicative body or agency in the health care professional's personal or corporate capacity.

002.16 Privileges means the authorization by a facility for a health care professional to provide health care services, including privileges and membership on the medical staff of the facility.

002.17 Uniform Licensing Law means those statutes cited in Neb. Rev. Stat. ∋71-101.

002.18 Unprofessional conduct means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or occupation or the ethics of the profession or occupation, regardless of whether a person, patient, or entity is injured, or conduct that is likely to deceive or defraud the public or is detrimental to the public interest, including:

002.18A - acts or conduct identified in Uniform Licensing Law;

002.18B - acts or conduct identified in the practice act or other laws regulating a health care professional;

002.18C - such other acts as may be defined in rules and regulations adopted and promulgated by the boards of examiners for the health care profession; and

002.18D - additional conduct determined by adjudication in individual contested cases involving health care professionals.

003 REPORTING GENERALLY

003.01 How, When, and Where to Report

003.01A Original Reports - Reports shall be filed within 30 days of payment, adverse action or other reportable occurrence on forms designated by these regulations by personal delivery, by fax at the reporter's cost, or by U.S. mail, sufficient postage prepaid to: Department of Health, Bureau of Examining Boards, Nebraska State Office Building, Third Floor, 301 Centennial Mall South, P.O. Box 95007, Lincoln, NE 68509. Office hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday, exclusive of state holidays. Report forms may be obtained from the Bureau.

003.01B Amended Reports - All persons and entities making reports under these regulations shall amend such reports, within the same timelines and using the same forms as for initial reports, when any of the events described in subpart 003.01B1 or subpart 003.01B2 of these regulations occur. The Bureau may also require additions or amendments when a report filed is incomplete.

003.01B1 Errors or Omissions - If errors or omissions are found after information has been reported, the person or entity who filed the initial report shall send to the Department, an addition or correction upon discovery of the error or omission.

003.01B2 Change in Circumstances - If a change in circumstances occurs after information has been reported, the person or entity who filed the initial report shall send a revised report to notify the Department of any changes in the action reported, e.g., reversal of a peer action, claims withdrawal, or reinstatement of privileges.

003.02 Complaints and Investigations

003.02A Voluntary Complaints - Nothing in law or under these regulations is intended to preclude voluntary reporting by any health care professional of information that may indicate a violation of the laws or regulations governing health care professionals. Any person may file a complaint.

003.02B Investigations: Duty to Provide Information - In addition to the requirements for reporting under these regulations, every health care professional and every member of a board of examiners shall furnish the Department, upon request, such evidence as he or she may have relative to any alleged violation which is being investigated, in accordance with Neb. Rev. Stat. ∋71-168.

003.03 Confidentiality

003.03A Of Reports Generally - Reports made to the Department under sections 005 to 008 of these regulations are confidential and treated in the same manner as complaints and investigative files under Neb. Rev. Stat. ∋71-168.01(7).

003.03B Of Reports by Insurers - To the extent that insurer reports contain or relate to privileged communications between patient and practitioner, such reports shall be treated by the Department as privileged communications and shall be considered to be part of the investigational records of the Department. Such reports may not be obtained by legal discovery proceedings or otherwise disclosed unless the privilege is waived by the patient involved or the reports are made part of the record in a contested case under Neb. Rev. Stat. ∋71-154, in which such reports shall only be disclosed to the extent they are made part of such record.

003.04 Immunity

003.04A Generally - Those making reports to the Department under sections 006 to 008 of these regulations, as well as those making voluntary complaints to the Department, are completely immune from criminal or civil liability of any nature, whether direct or derivative, for:

003.04A1 - Filing a confidential report or complaint with the Department; or

003.04A2 - Disclosure of documents, records, or other information to the Department.

003.04B Insurers - Insurers or employees of insurers making reports pursuant to section 009 of these regulations shall be immune from criminal penalty of any kind or from civil liability or other penalty for slander, libel, defamation, breach of the privilege between patient and physician or between client and professional counselor, or violation of the laws of the State of Nebraska relating to the business of insurance that may be incurred or imposed on account of or in connection with the making of such report.

003.05 Penalties for Failure to Report

003.05A Health Care Professionals - Health care professionals who fail to file reports required by these regulations are subject to discipline under Neb. Rev. Stat. ∋71-147 (20).

003.05B Facilities - Nebraska facilities that fail to file reports required by these regulations are subject to discipline as provided by Neb. Rev. Stat. ∋71-2023.

003.05C Insurers - Nebraska insurers that fail to file reports required by these regulations are subject to the penalty as provided by Neb. Rev. Stat. ∋71,1,201.

003.06 Exceptions from Reporting Requirements

003.06A - Peer Activities.

003.06A1 Members - Persons who are members of committees established under Neb. Rev. Stat. ∋25-12,123 and ∋71-2046 to ∋71-2048 are not required to report such activities.

003.06A2 Witnesses - Witnesses who appear before committees established under Neb. Rev. Stat. ∋25-12,123 and ∋71-2046 to ∋71-2048 are not required to report such activities. However, any person who is such a witness is **not excused from reporting** matters of firsthand knowledge that would otherwise be reportable under these regulations only because he or she attended or testified before such a committee.

003.06B Treating Professionals - A health care professional who is providing treatment to another health care professional in a practitioner-patient relationship is not required to report:

003.06B1 - Information obtained or discovered in the course of treatment **unless** the treating professional determines that the condition of the person may be of such a nature which constitutes a danger to the public health and safety by the person's continued practice; or

003.06B2 - Information based on confidential medical records protected by confidentiality provisions of the federal Public Health Services Act, 42 U.S.C. 290ee-3 and 290dd-3 and federal administrative rules and regulations, except as may be provided in such laws or regulations.

003.06C Licensee Assistance Program - Health care professionals are not required to report a person in their profession or any other profession for chemical impairment who enters the Licensee Assistance Program as authorized by Neb. Rev. Stat. ∋71-172.01.

003.06D Insurers - Insurers are not required to file reports under section 009 of these regulations when knowledge of a violation of any laws governing health care professionals is based on:

003.06D1 - Confidential medical records protected by the confidentiality provisions of the federal Public Health Services Act, 42 U.S.C. 290ee-3 and 290dd-3 and federal administrative rules and regulations; or

003.06D2 - The filing by a health care professional or on behalf of such professional of a claim for payment under his or her health insurance policy.

003.06E Spouses - A health care professional who is a spouse of another health care professional shall not be required to report the spouse under sections 006 or 007 of these regulations.

004 REQUIRED INFORMATION FOR ALL REPORTS

004.01 Information about Reporting Person or Entity. Except for self reports under section 005 of these regulations, all reports filed in accordance with these regulations shall contain the following information about the reporting individual or entity:

004.01A - the name, address and telephone number of the person or entity making the report;

004.01B - the name, title and telephone number of the responsible official submitting the report on behalf of an entity;

004.01C - the relationship of the reporting person or entity to the health care professional who is the subject of the report.

004.02 Information about Health Care Professional.

004.02A - All reports made under these regulations shall contain the following information about the health care professional who is the subject of the report:

004.02A1 - name;

004.02A2 - work address and telephone number;

004.02A3 - social security number, if known; and

004.02A4 - date of birth, if known.

004.02B Self Reports - Those self-reporting under section 005 of these regulations shall provide the following information:

004.02B1 - the number and professional field for each Nebraska-issued professional license, certificate or registration held;

004.02B2 - as applicable, the federal and Nebraska registration number for controlled substances;

004.02B3 - as applicable, each Nebraska hospital or other health care facility with which the health care professional is associated; and

004.02B4 - the classification number of the act, omission or reason in accordance with the reporting code attached to Attachment 1 and made a part of these regulations by this reference.

005 SELF-REPORTING BY A HEALTH CARE PROFESSIONAL

005.01 Generally. All health care professionals must self-report according to the requirements of this section.

005.02 Actions Affecting Privileges.

005.02A When - Every health care professional shall report when he or she has been subject to any of the following actions for issues of alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment:

005.02A1 - Loss of privileges in a facility;

005.02A2 - Voluntary limitation of privileges of any facility when that occurred while under formal or informal investigation or evaluation by the facility or a committee of the facility; or

005.02A3 - Resignation from staff of any facility when that occurred while under formal or informal investigation or evaluation by the facility or a committee of the facility.

005.02B Information to Report - Such actions shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.02B1 - A description as to each act or omission or other reason for the action taken, including:

005.02B1a - full name, address, and patient number of the patient, client or other person involved;

005.02B1b - a description of what occurred;

005.02B1c - when it occurred, including the date and time, if known;

005.02B1d - where it occurred; and

005.02B2 - The name, address, and telephone number of the facility taking action or conducting investigation or evaluation, the nature of the action affecting privileges that was taken, date taken, and effective date of the action.

005.03 Actions Affecting Employment

005.03A When - Every health care professional shall report when he or she has been subject to loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental or chemical impairment.

005.03B Information to Report - Such actions shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.03B1 - the date of the employment action and its effective date;

005.03B2 - name, address and telephone number of the person or entity taking the action;

005.03B3 - a description of each action, omission or other cause leading to loss of employment, including but not limited to:

005.03B3a - the name, address, telephone and patient or client number or other identifier for each person affected by the act, omission or other reason for loss of employment;

005.03B3b - the date of each act, omission or other cause leading to loss of employment; and

005.03B3c - where each act, omission or other cause occurred.

005.04 Actions Based on Professional Liability Claims

005.04A When - Every health care professional shall report when he or she has been subject to any of the following:

005.04A1 - a professional liability claim that resulted in an adverse judgment, settlement, or awards;

005.04A2 - an insurance company's decision to:

005.04A2a - refuse to issue or renew coverage;

005.04A2b - cancel, limit, or modify coverage; or

005.04A2c - otherwise affect the availability or terms and conditions of coverage.

005.04B Exception - A "settlement" as used in subpart 005.04A of these regulations shall NOT include the following situations:

005.04B1 when a health care professional waives either all or part of an outstanding debt to resolve a patient's or client's claim;

005.04B2 when a health care professional refunds either all or part of a fee paid for services, products, or devices to resolve a patient's or client's claim; or

005.04B3 when a health care professional returns either all or part of any reimbursement to a third party payor for services, products, or devices provided to a patient or client to resolve a claim.

005.04C Inclusion - A "Settlement" as used in subpart 005.04A1 of these regulations SHALL include the provision of either money, devices, products, or services by a health care professional to a patient or client in an amount that exceeds the total fee charged to a patient or client to resolve a claim.

005.04D Information to Report - Such actions shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.04D1 - the name, address, and telephone number of the patient, client or other person to whom or for whose behalf payment was made;

005.04D2 - when the action or claim has been filed with a court or other adjudicative body, identification of such court or body by name and address and the case number;

005.04D3 - the name and address of the insurer, employer or other person or entity making payment of the claim;

005.04D4 - date(s) on which the act(s) or omission(s) which gave rise to the action or claim occurred;

005.04D5 - where the act(s) or omissions(s) which gave rise to the action or claim occurred;

005.04D6 - a description of the acts or omissions upon which the action or claim was based;

005.04D7 - date of judgment, settlement or award; and
005.04D8 - amount paid, date of payment, and whether payment was made for a judgment, settlement, or award.

005.04E Withdrawal of Claim - any claim made to a health care professional or to any other person or entity that is withdrawn may be reported to the Department for a determination as to whether the reported event is to be voided.

005.05 Actions Affecting Authorization to Practice

005.05A When - Every health care professional shall report when he or she has been subject to any of the following actions by any state, territory, or jurisdiction, including any military or federal jurisdiction:

005.05A1 - denial of licensure, certification, registration, or other form of authorization to practice due to alleged:

005.05A1a - incompetence;

005.05A1b - negligence;

005.05A1c - unethical or unprofessional conduct; or

005.05A1d - physical, mental, or chemical impairment;

005.05A2 - disciplinary action against any license, certificate, registration or other form of permit he or she holds;

005.05A3 - the settlement of any such disciplinary action; or

005.05A4 - any voluntary surrender of or limitation on any such license, certificate, registration, or other form of permit.

005.05B Information to Report - Such actions shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.05B1 - the name, address and telephone number of the board or other entity taking the action or involved in the settlement or surrender;

005.05B2 - the license number(s) and professional field(s) affected by the action, settlement or surrender.

005.05B3 - the date of the action and its effective date; and

005.05B4 - the nature of the action and a description of any terms and conditions.

005.06 Actions Affecting Memberships

005.06A When - Every health care professional shall report when he or she has been subject to loss of membership in a professional organization due to alleged:

005.06A1 - incompetence;

005.06A2 - negligence;

005.06A3 - unethical or unprofessional conduct; or

005.06A4 - physical, mental or chemical impairment.

005.06B Information to Report - Such loss of membership shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.06B1 - the name, address and telephone number of the professional association;

005.06B2 - the date action was taken and its effective date, and if applicable, its duration; and

005.06B3 - a description of the facts surrounding the reason(s) given for the action, including:

005.06B3a - the name, address, and telephone number of the patient or client, as applicable;

005.06B3b - the event(s) giving rise to the action;

005.06B3c - when each event occurred;

005.06B3d - where each event occurred; and

005.06B3e - how each event occurred.

005.07 Convictions

005.07A When - Every health care professional shall report when he or she has been subject to conviction of any misdemeanor or felony in this or any other state, territory, or jurisdiction, including any federal or military jurisdiction.

005.07B Information to Report - Such convictions shall be reported on a form provided by the Department, a copy of which is attached as Attachment 1 and made a part of these regulations by this reference, which report shall include the information required in subsection 004.02 of these regulations and the following:

005.07B1 - the date of conviction;

005.07B2 - the name and address of the court or other adjudicative body entering the conviction;

005.07B3 - the case number;

005.07B4 - the crime for which convicted, including its name and classification;

005.07B5 - the sentence imposed, including its duration and any terms and conditions imposed;

005.07B6 - whether the conviction is under appeal and, if so, the name and address of the court, case number, and date appeal was filed.

006 REPORTING WITHIN A HEALTH CARE PROFESSION

006.01 When. Subject to the provisions of section 003.06 of these regulations, every health care professional shall report when he or she has firsthand knowledge of facts giving him or her reason to believe that any person in his or her profession has committed acts indicative of:

006.01A - gross incompetence;

006.01B - a pattern of negligent conduct;

006.01C - unprofessional conduct;

006.01D - practice while that person's ability to practice may be impaired by alcohol, controlled substances, narcotic drugs, or physical, mental or emotional disability; or

006.01E - other violations of laws or regulations governing the practice of the profession.

006.02 Information to Report. Such reports shall be made on a form provided by the Department, a copy of which is attached as Attachment 2 and made a part of these regulations by this reference, and shall include the information required in section 004 of these regulations and the following:

006.02A - the reason(s) for the report under the categories listed in parts 006.01A to 006.01E of these regulations;

006.02B - when the act(s), omission(s) or conduct being reported occurred;

006.02C - the statute(s) or regulation(s) believed to have been violated, if known;

006.02D - where the act(s), omission(s) or conduct occurred;

006.02E - a narrative description of the act(s), omission(s) or conduct under report and the surrounding facts;

006.02F - the names, titles, addresses and telephone numbers of all persons present, if known; and

006.02G - the nature of any injury, damage, illness, loss or other detriment which resulted from the act(s), omission(s) or conduct.

007 REPORTING BETWEEN HEALTH CARE PROFESSIONS

007.01 When. Subject to the provisions of subsection 003.06 of these regulations, every health care professional shall report when he or she has firsthand knowledge of facts giving him or her reason to believe that any person in another health care profession:

007.01A - has committed acts indicative of gross incompetence; or

007.01B - may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, narcotic drugs, or physical, mental or emotional disability.

007.02 Information to Report. Such reports shall be made on forms provided by the Department, a copy of which is attached as Attachment 2, and made part of these regulations by this reference, and shall include the information required in section 004 of these regulations and the following:

007.02A - the reason(s) for the report under the categories listed in parts 007.01A or 007.01B of these regulations;

007.02B - when each act(s), omission(s) or conduct being reported occurred;

007.02C - where each act(s), omission(s) or conduct occurred;

007.02D - a narrative description of the act(s), omission(s) or conduct under report and the surrounding facts;

007.02E - the names, titles, addresses and telephone numbers of all persons present, if known; and

007.02F - the nature of any injury, damage, illness, loss or other detriment which resulted from the act(s), omission(s) or conduct.

008 REPORTING BY FACILITIES, PEER REVIEW ORGANIZATIONS AND PROFESSIONAL ASSOCIATIONS

008.01 When. Subject to the provisions of subsection 003.06 of these regulations, Nebraska facilities, peer review organizations, and professional associations shall report to the Department any facts known to them, when the facility, organization or association:

008.01A - has made payment due to adverse judgment, settlement, or award of a professional liability claim against it or a health care professional, including settlements made prior to suit, arising out of the acts or omissions of the health care professional; or

008.01B - has reduced, restricted, suspended, revoked, or denied the privileges or membership of a health care professional in such facility, organization, or association due to alleged:

008.01B1 - incompetence;

008.01B2 - professional negligence;

008.01B3 - unprofessional conduct; or

008.01B4 - physical, mental or chemical impairment.

008.02 Information to Report. Reports to the Department shall include, at a minimum, the information required in section 004 of these regulations and the following:

008.02A - When the report is for payment made:

008.02A1 - the name and address for the patient, client or other person to whom or for whose behalf payment was made;

008.02A2 - when the action or claim has been filed with a court or other adjudicative body, identification of such court or body by name and address, and the case number;

008.02A3 - the date of judgment, settlement, or award;

008.02A4 - amount paid, date of payment, and whether payment was made for judgment, settlement, or award; and

008.02A5 - description and amount of judgment, settlement, or award and any conditions attached thereto, including the terms of payment.

008.02B - When the report is for an adverse action taken:

008.02B1 - the date action was taken and its effective date;

008.02B2 - the duration of the effect of the action;
008.02B3 - the type of action taken; and

008.02B4 - the name and address for each patient, client or other person subject to the acts, omissions or other conduct giving rise to the action taken.

008.02C - In all reports, the reason(s) for the report under the categories listed in parts 008.01A or 008.01B of these regulations and a description of the facts surrounding the reasons for the action taken, or payment made including:

008.02C1 - the act(s) or omission(s) or conduct giving rise to the payment or adverse action;

008.02C2 - date or dates on which the act(s) or omission(s) occurred;

008.02C3 - where the act(s) or omission(s) occurred;

008.02C4 - how the act(s) or omission(s) occurred;

008.02C5 - the name, title, address and telephone number of all persons present at the time of each act or omission or with firsthand knowledge of the act or omission; and

008.02C6 - the nature of any injury, illness, damage or other loss or detriment upon which the action or claim was based.

008.03 Report Form Requirements

008.03A Data Bank Reports - For purposes of Nebraska reporting requirements the Department shall accept reports made by facilities, peer review organizations and professional associations under national practitioner data bank requirements of the Health Care Quality Improvement Act of 1986, as amended.

008.03A1 Nebraska Supplement - In addition to reports made under part 008.03A of these regulations, facilities, peer review organizations, and professional associations shall report to the Department information required in subsection 008.02 of these regulations that is not included on the data bank reports by using the form provided by the Department, a copy of which is attached as Attachment 5 and made a part of these regulations by this reference. The Nebraska Supplement shall be attached to the copy of the national practitioner data bank form filed with the Department.

008.03B Other Reports - Facilities, peer review organizations, and professional associations reporting health care professionals not subject to the reporting requirements of the national practitioner data bank provisions of the Health Care Quality Improvement Act of 1986, as amended, shall make reports to the Department using a form provided by the Department, a copy of which is attached as Attachment 3 and made a part of these regulations by this reference.

009 REPORTING BY INSURERS

009.01 When. Subject to the provisions of part 003.06D of these regulations, insurers doing business in Nebraska shall report to the Department any facts known to them when they:

009.01A - have reasonable grounds to believe that a health care professional has committed a violation of the regulatory provisions governing the profession of such health care professional;

009.01B - have made payment due to an adverse judgment, settlement, or award resulting from a professional liability claim against the insurer, a health care facility as defined in Neb. Rev. Stat. §71-2017.01, or a health care professional, including settlements made prior to suit, arising out of the acts or omissions of the health care professional; or

009.01C - have refused to issue or renew, cancelled, limited, modified, or otherwise affected the availability, terms or conditions of professional liability coverage due to alleged:

009.01C1 incompetence;

009.01C2 negligence;

009.01C3 unethical or unprofessional conduct; or

009.01C4 physical, mental, or chemical impairment.

009.01D - An increase in a health care professional's rate for professional liability coverage is not reportable if such increase is based on reasons other than those listed in subpart 009.01C of these regulations.

009.02 Information to Report

009.02A - When the report is of a suspected violation of regulatory provisions, the report shall include:

009.02A1 - identification of the statute or regulation believed to have been violated, if known;

009.02A2 - the name and address of the patients, clients, or other person, if any, affected by the acts or omission forming the basis for the violation; and

009.02A3 - the information described in part 009.02D of these regulations.

009.02B - When the report is for payment made, the report shall include the information in part 009.02D of these regulations and:

009.02B1 - the name and address for the patient, client or other person to whom or for whose behalf payment was made;

009.02B2 - when the action or claim has been filed with a court or other adjudicative body, identification of such court or body by name and address, and the case number;

009.02B3 - the date of judgment, settlement, or award;

009.02B4 - amount paid, date of payment, and whether payment was made for judgment, settlement, or award; and

009.02B5 - description and amount of judgment, settlement, or award and any conditions attached thereto, including the terms of payment.

009.02C - When the report is for an adverse action affecting coverage, the report shall include the information in part 009.02D of these regulations and:

009.02C1 - the date action was taken and its effective date;

009.02C2 - the duration of the effect of the action;

009.02C3 - the type of action taken;
009.02C4 - the name and address for each patient, client or other person subject to the acts, omissions or other conduct giving rise to the action taken.

009.02D - In all reports, the information required in section 004 of these regulations and a description of the facts surrounding the reasons for the action taken, affecting coverage, payment made, or basis to believe a violation has occurred including:

009.02D1 - the act(s), omission(s), or conduct giving rise to the action, claim, or report of violation;

009.02D2 - date or dates on which the act(s), omission(s), or conduct occurred;

009.02D3 - where the act(s), omission(s), or conduct occurred;

009.02D4 - how the act(s), omission(s), or conduct occurred;

009.02D5 - the name, title, address and telephone number of all persons present at the time of each act, omission or conduct or with firsthand knowledge of the act, omission or conduct; and

009.02D6 - the nature of any injury, illness, damage or other loss or detriment forming the basis for adverse action, claim, or report of violation.

009.03 Reporting Forms for Insurers. Insurers shall make reports to the Department according to the following requirements.

009.03A Reporting Violations and Adverse Actions - All insurers shall report suspected violations under part 009.01A of these regulations and adverse actions affecting coverage under part 009.01C of these regulations using the form provided by the Department, a copy of which is attached as Attachment 4 and made a part hereof by this reference.

009.03B Reporting Adverse Judgments, Etc. - To report payments made due to adverse judgments, settlements or awards under part 009.01B of these regulations:

009.03B1 - Insurers who are reporting health care professionals under the requirements of the national practitioner data bank provisions of the Health Care Quality Improvement Act of 1986, as amended, shall:

009.03B1a - file a copy of their data bank report with the Department; and

009.03B1b - attach the Nebraska Supplement to the national practitioner data bank form to provide the additional information required for Nebraska reporting, a copy of which Supplement is attached as Attachment 5, and made part of these regulations by this reference.

009.03B2 - Insurers who are reporting health care professionals not subject to national practitioner data bank provisions of the Health Care Quality Improvement Act of 1986 shall report by using the form provided by the Department, which form is attached as Attachment 4 to these regulations.

Approved by Attorney General: March 20, 1995
Approved by Governor: May 3, 1995
Filed with Secretary of State: May 3, 1995
Effective Date: May 8, 1995

Reporting forms referred to in the body of the regulations as attachments 1 through 5 are available upon request:

Credentialing Division
P.O. BOX 94986
LINCOLN, NE 68509-4986
(402) 471-2115

TITLE 172 ATTACHMENT 1
CHAPTER 5

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
P. O.BOX 95007
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509-5007

HEALTH CARE PROFESSIONAL SELF-REPORTING ADVERSE ACTION

Section 1: IDENTIFYING INFORMATION - Complete all items.

Name: _____ Telephone No: (___)_____
(First) (M.I.) (Last)

Social Security No: _____
(OPTIONAL-see back for instructions)

Work Address: _____

Date of Birth: _____

_____
(City) (State) (Zip)

List the field and number for each Nebraska license, certificate or registration held:

License Field	License Number
_____	_____
_____	_____
_____	_____

Enter Controlled Substances Registration Number, if any:

Federal No: _____ Nebraska No: _____

Section 2: ACTION BEING REPORTED- Complete all items in Parts A through F that apply. If additional space is needed, please attach pages to this form.

Part A - PRIVILEGES

1. Indicate the type of action affecting your privileges:

   ___ Loss of Privileges
   ___ Resignation from Medical Staff
   ___ Voluntary Limitation of Privileges

2. Specify the reason(s) for the action by entering the applicable code(s) from the attached Reporting Codes Sheet: _____

3. Enter the date of the action: _____

4. Enter the effective dates of the action: From _____ to _____

5. Describe the act(s), omission(s) or other reasons which lead to the action against your privileges: _____
   _____
   _____
   _____
   _____
   _____

6. Enter the date(s) when the act(s), omission(s) or other reasons occurred:

_____

7. State where the act(s), omission(s) or other reasons occurred:

Location Name: _____

Address: _____

_____

Telephone No: _____

8. List all patients, clients, or other persons who were the subject(s) of the act(s), omission(s), or conduct which lead to action affecting privileges:

Patient Name/Number	Address	Telephone #

9. Specify the facility that took the action:

Name: _____

Address: _____

_____

Telephone No: _____

Part B - EMPLOYMENT

1. Indicate the reason(s) for your loss of employment by checking the item(s) that follow:

Loss of Employment due to alleged:

a. ___ Incompetence

b. ___ Negligence

c. ___ Unethical or unprofessional conduct

d. ___ Impairment: ___ Physical ___ Mental ___ Chemical

2. Enter the date of action: _____

3. Enter the effective dates of the action: From _____ to _____

4. Describe the act(s) or omission(s) which lead to your loss of employment:

_____
_____
_____
_____
_____
_____

5. Enter the date(s) the act(s) or omission(s) occurred: _____

6. Specify where the act(s) or omission(s) occurred:

Location Name: _____

Address: _____

_____

Telephone No: _____

7. List patients involved in the act(s) or omission(s):

Patient Name/Number	Address	Telephone #

Part C - PROFESSIONAL LIABILITY CLAIMS

1. Indicate the type of malpractice action taken by checking the item(s) that follow:

a. ___ Judgment
b. ___ Settlement
c. ___ Award

2. Indicate the type of adverse action affecting your insurance coverage by checking the item(s) that follow:

___ Denial of Coverage
___ Refusal to Renew Coverage
___ Cancellation of Coverage
___ Limitation of Coverage
___ Modifying Coverage
___ Rate/Premium Increase
___ Other (Specify): _____

3. Describe the act(s) or omission(s) which lead to the Judgment, Settlement or Award; or changes made to your professional liability coverage: _____

4. Enter the date(s) of the act(s) or omission(s) which lead to the Judgment, Settlement, or Award; or changes made to your professional liability coverage: _____

5. Enter the date(s) of the adverse action(s) affecting your professional liability coverage: _____; or the date(s) of the Judgment, Settlement, or Award: _____.

6. Specify where the act(s) or omission(s) occurred:

Location Name: _____

Address: _____

_____

Telephone No: _____

7. List all patients/clients for whom or for whose behalf payment was made:

Name	Address	Telephone #

8. Amount Paid: $ _____ Date of Payment: _____

Name of Insurance Company making payment:

Name: _____

Address: _____

_____

9. When payment results from a court action or claim having been filed with a court or other adjudicative body, complete the following items:

a. Name of court or adjudicative body: _____

_____

b. Address: _____

_____

c. Case No: _____ Date of Action (if any): _____

Part D - AUTHORIZATION TO PRACTICE

1. Indicate the type of action(s) taken against your license, certificate, or registration by checking the item(s) that apply:

___ Denial of license/certification/registration
___ Disciplinary Action against license/certification/registration
___ Settlement of Disciplinary Action
___ Voluntary Surrender of license/certification/registration

2. Indicate the reason(s) for the action against your license/certification/ registration by checking the item(s) that apply:

a. ___ Incompetence
b. ___ Negligence
c. ___ Unethical or unprofessional conduct
d. ___ Impairment: ___ Physical ___ Mental ___ Chemical

3. Enter the date(s) action taken: _____

4. Enter the effective dates of the action: From _____ to _____

5. Identify the license(s) against which the action was taken:

License No:	Field

6. Describe the nature of the action and any terms and conditions that were imposed: _____

7. Specify the board or entity that took the action:

Name: _____

Address: _____

Telephone No: _____

Part E - MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

1. Indicate the reason(s) for your loss of membership by checking the item(s) that apply:

a. ___ Incompetence
b. ___ Negligence
c. ___ Unethical or unprofessional conduct
d. ___ Impairment: ___ Physical ___ Mental ___ Chemical

2. Describe the events which lead to your loss of membership in the association: _____

3. Specify the date(s) when these events occurred: _____

4. Specify where these events occurred:

Name: _____

Address: _____

5. Specify how these events occurred: _____

6. List all patients or clients who were involved, if applicable:

Patient Name/Number	Address	Telephone #

7. Specify the association that took the action:

Name: _____

Address: _____

_____

Telephone No: _____

8. Enter the date(s) action taken: _____

9. Enter the effective dates of the action: From _____ to _____

Part F - CONVICTIONS

1. Enter the name of the crime of which you were convicted: _____

2. Was this conviction classified as: ___ Felony ___ Misdemeanor

___ Other (Specify): _____

3. Enter the date of the conviction: _____

4. Specify the court or other adjudicative body which rendered the conviction:

Name: _____

Address: _____

_____

5. Enter the case number: _____

6. Specify the sentence imposed and all its terms and conditions: _____
_____
_____
_____
_____

7. Specify the length of sentence: _____

8. Is the conviction under appeal? ___ Yes ___ No. If yes, specify the following:

Name of Court: _____

Court Address: _____

_____

Case Number: _____

Date Appeal Filed: _____

Section 3: AFFIDAVIT - All persons must have this Section completed.

STATE OF _____)

) ss

COUNTY OF _____)

BEFORE ME personally appeared _____ who, being first duly sworn, deposes and says that s/he is the person making the self-report above and that the information she has given in such report is true and correct to the best of her/his knowledge and belief.

FURTHER AFFIANT SAITH NOT.

SWORN TO AND SUBSCRIBED before me on this ____ day of _____, 19___.

S E A L

_____
Notary Public

REPORTING CODES

CODES FOR ACTION AGAINST PRIVILEGES

100 Loss of Privileges

100.01	Incompetence
100.02	Negligence
100.03	Unethical or Unprofessional Conduct
100.04	Physical Impairment
100.05	Mental Impairment
100.06	Chemical Impairment

200 Voluntary Limitation of Privileges

200.01	Incompetence
200.02	Negligence
200.03	Unethical or Unprofessional Conduct
200.04	Physical Impairment
200.05	Mental Impairment
200.06	Chemical Impairment

CODES FOR RESIGNATION FROM STAFF OR FACILITY

300 Resignation from (Medical) Staff or Facility

300.01	Incompetence
300.02	Negligence
300.03	Unethical or Unprofessional Conduct
300.04	Physical Impairment
300.05	Mental Impairment
300.06	Chemical Impairment

CODES FOR LOSS OF EMPLOYMENT

400 Loss of Employment

400.01	Incompetence
00.02	Negligence
400.03	Unethical or Unprofessional Conduct
400.04	Physical Impairment
400.05	Mental Impairment
400.06	Chemical Impairment

CODES FOR AUTHORIZATION TO PRACTICE ACTION

500 Authorization to Practice Action

500.01	Incompetence
500.02	Negligence
500.03	Unethical or Unprofessional Conduct
500.04	Physical Impairment
500.05	Mental Impairment
500.06	Chemical Impairment

Instructions for reporting your Social Security Number:

The disclosure of your social security number is voluntary and failure to provide the number will not subject you to penalty. The purpose for the request is to assist in distinguishing between persons who have the same or similar names for the Department's recordkeeping and implementation of Neb. Rev. Stat. ∋71-168(4)(c) and 172 NAC 5, which require you to file a report with the Department when certain adverse actions or events occur. The report you file is subject to review by the licensing board for your profession and by Department and Attorney General staffs for purposes of enforcement of Nebraska licensing laws. Information is otherwise confidential and made available according to Neb. Rev. Stat. ∋71-168.01 in the same manner as complaints and investigative files of the Department or as may otherwise be provided by law.

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
P. O. BOX 95007
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509-5007

HEALTH CARE PROFESSIONAL REPORTING ANOTHER HEALTH CARE PROFESSIONAL

Section 1: TYPE OF REPORT - Check one.

This Report is against a health care professional who is in the ___ same or ___ different profession than the reporting party.

Section 2: IDENTIFYING INFORMATION - Complete all items for the person being reported if information requested is known.

Name: _____ Work Telephone No: ( ) _____
(First) (M.I.) (Last)

Nebraska License No: _____

Work Address: _____

Field of Licensure: _____

_____
(City) (State) (Zip)

Social Security No: _____ Date of Birth: _____
(OPTIONAL- see bottom of page 3 for instructions)

Section 3: ACTION BEING REPORTED - Complete all items that apply. If additional space is needed, you may attach pages to this form.

1. Indicate the reason(s) for the report by checking the item(s) in either Part A or Part B that apply.

Part A - If you are reporting a Health Professional who practices the **same** profession as you, check the item(s) in this section that apply:

___ Gross Incompetence
___ Pattern of Negligent Conduct
___ Unprofessional Conduct
___ Practicing While Ability is Impaired by:
  ___ Alcohol
  ___ Controlled or Narcotic Substances
  ___ Physical Disability
  ___ Mental Disability
  ___ Emotional Disability
___ Other violations governing the practice of the profession. If other, specify the violated statute or regulation (if known):

_____

Part B - If you are reporting a Health Professional who practices in a profession that is **different** than yours, check the item(s) in this section that apply:

___ Gross Incompetence
___ Practicing While Ability is Impaired by:
  ___ Alcohol
  ___ Controlled or Narcotic Substances
  ___ Physical Disability
  ___ Mental Disability
  ___ Emotional Disability

Part C - Complete all items for the action being reported.

1. Describe the act(s), omission(s), or conduct which leads you to believe the health professional should be reported: _____

2. Specify the date(s) when the act(s), omission(s), or conduct occurred: _____

3. Specify where the act(s), omission(s), or conduct occurred:

   Location Name: _____

   Address: _____

4. Describe any injury, damage, illness, loss or other detriment which resulted from the conduct being reported: _____

5. List all persons present at the time of the conduct being reported:

Name	Title	Address	Telephone #

Section 4: REPORTING PERSON IDENTIFYING INFORMATION - Complete all items.

Specify your professional relationship with the person being reported: _____

Name: _____ Telephone No: ( ) _____
(First) (M.I.) (Last)

License No: _____

Address: _____

License Field: _____

(City) (State) (Zip)

Instructions for reporting social security number:

Disclosure of the social security number should be made only if obtained by you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose for the request is to assist in distinguishing between persons who have the same or similar names for the Department's recordkeeping and implementation of Neb. Rev. Stat. ∋71-168, 71-168.02, 71-1,198 to 71-1,205, and 172 NAC 5, which requires you to file a report with the Department concerning health care professionals when certain actions or events occur. The report you file is subject to review by the applicable licensing board and Department and Attorney General staffs for purposes of enforcement of Nebraska licensing laws. Information is otherwise confidential and made available only according to Neb. Rev. Stat. ∋71-168.01 in the same manner as complaints and investigative files of the Department or as may otherwise be provided by law.

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
P. O. BOX 95007
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509-5007

REPORT BY HEALTH FACILITIES, PEER REVIEW ORGANIZATIONS AND PROFESSIONAL ASSOCIATIONS

Section 1: REPORTING ENTITY - Check one.

Report is being made by:

___ Health Facility
___ Peer Review Organization
___ Professional Association

Name of Reporting Entity: _____

Address: _____

_____

Telephone No: _____

Section 2: IDENTIFYING INFORMATION - Complete all items for the person being reported if information requested is known.

Name: _____ Work Telephone No: ( ) _____
(First) (M.I.) (Last)

Nebraska License No: _____

Work Address: _____

License Field: _____

_____
(City) (State) (Zip)

Social Security No: _____ Date of Birth: _____
(OPTIONAL- see back for instructions)

Section 3: ACTION BEING REPORTED - Complete all items in Parts A or B that apply. If additional space is needed, please attach pages to this form.

Part A - Payments

1. The payment was made due to:

   a. ___ Adverse Judgment
   b. ___ Settlement
   c. ___ Award

2. Describe the act(s), omission(s), or other conduct that gave rise to the claim: _____

3. Enter the following information:

   a. Date of Judgment, Settlement or Award: _____
   b. Payment Date: _____
   c. Payment Amount: $ _____
   d. Payment terms and conditions, if any: _____

4. State where the act(s), omission(s), or conduct occurred:

   Location Name: _____

   Address: _____

   Telephone No: _____

5. Describe how the act(s), omission(s), or conduct occurred: _____

6. Describe any injury, illness, damage, or other loss or detriment that resulted in the payment being made: _____

7. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

8. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

9. When payment results from a court action or claim having been filed with a court or other adjudicative body, complete the following items:

   a. Name of court or adjudicative body: _____

   _____

   b. Address: _____

   _____

   c. Case No: _____

Part B - Adverse Action affecting Privileges at a Health Care Facility or Membership in a Professional Association

1. The adverse action was taken due to alleged:

   a. ___ Incompetence
   b. ___ Professional Negligence
   c. ___ Unprofessional Conduct
   d. ___ Impairment: ___ Mental ___ Physical ___ Chemical

2. Indicate the type of adverse action taken:

Privileges	Membership
a. ___ Privileges Denied	a. ___ Membership Denied
b. ___ Privileges Limited	b. ___ Membership Terminated
c. ___ Privileges Reduced	c. ___ Membership Renewal Refused
d. ___ Privileges Suspended	d. ___ Other (Specify): _____
e. ___ Privileges Revoked	_____
f. ___ Other (Specify): _____	
_____	

3. Describe the act(s), omission(s), or conduct which lead to the adverse action against the privileges or membership: _____

   _____

   _____

   _____

   __

4. Enter the date(s) of the action: _____; effective date: _____; and duration of the action: _____.

5. Specify where the act(s), omission(s), or conduct leading to action occurred:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

6. Describe how the act(s), omission(s), or conduct occurred: _____

7. Describe any injury, illness, damage, or other loss or detriment which formed the basis for action affecting privileges or membership: _____

8. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in an action affecting privileges or membership and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

9. When action affecting privileges or membership results from a court action or claim having been filed with a court or other adjudicative body, complete the following items:

   a. Name of court or adjudicative body: _____

   b. Address: _____

   c. Case No: _____ Judgment or Order, if any: _____

Section 4: REPORTING ENTITY - Complete all items.

Name of person completing report:

Name: _____ Title: _____
(First) (M.I.) (Last)

Address: _____

_____

_____ _____
(Signature) (Date)

Instructions for reporting social security number:

Disclosure of the social security number should be made only if obtained by you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose for the request is to assist in distinguishing between persons who have the same or similar names for the Department's recordkeeping and implementation of Neb. Rev. Stat. ∋71-168, 71-168.02, 71-1,198 to 71-1,205, and 172 NAC 5, which requires you to file a report with the Department concerning health care professionals when certain actions or events occur. The report you file is subject to review by the applicable licensing board and Department and Attorney General staffs for purposes of enforcement of Nebraska licensing laws. Information is otherwise confidential and made available only according to Neb. Rev. Stat. ∋71-168.01 in the same manner as complaints and investigative files of the Department or as may otherwise be provided by law.

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
P. O. BOX 95007
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509-5007

REPORT BY INSURERS

Section 1: REPORTING ENTITY - Complete all items.

Name of Insurance Company: _____

Address: _____

_____

Telephone No: _____

Section 2: IDENTIFYING INFORMATION - Complete all items for the person being reported if information requested is known.

Name: _____ Work Telephone No: ( ) _____
(First) (M.I.) (Last)

Nebraska License No: _____

Work Address: _____

License Field: _____

_____
(City) (State) (Zip)

Social Security No: _____ Date of Birth: _____
(OPTIONAL - see back for instructions)

Section 3: ACTION BEING REPORTED - Complete all items in Parts A, B or C that apply. If additional space is needed, please attach pages to this form.

Part A - Regulatory Violation

1. Describe the suspected violation by stating the act(s), omission(s), or conduct that has occurred: _____
_____
_____
_____
_____

2. Identify the statute or regulation (if known) you believe to have been violated: _____
_____

3. Enter the date(s) on which the act(s), omission(s), or conduct occurred: _____
_____

4. Specify where the act(s), omission(s), or conduct occurred:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

5. Describe how the act(s), omission(s), or conduct that occurred: _____
   _____
   _____
   _____
   _____
   _____

6. Describe any injury, illness, damage, or other loss or detriment that resulted from the act(s), omission(s), or other conduct being reported: __
   _____
   _____
   _____
   _____
   _____

7. List all persons who were present at the time of the act(s), omission(s), or conduct and would have firsthand knowledge of the suspected violation:

Name	Title	Address	Telephone #

Part B - Adverse Action Affecting Coverage

1. Indicate the type of action taken by checking all items that apply:

   a. ___ Denial of Coverage
   b. ___ Refusal to Renew Coverage
   c. ___ Coverage Terminated or Cancelled
   d. ___ Coverage Limited, Reduced, or Modified
   e. ___ Premium/Rate Increased
   f. ___ Other (Specify): _____

2. Describe the act(s), omission(s), or conduct which lead to adverse action affecting coverage: _____
   _____
   _____
   _____
   _____

3. Enter the Date of the Adverse Action: _____;
   Effective Date: _____; and Duration of the Adverse Action: _____

4. Specify where the act(s), omission(s), or conduct leading to the action occurred:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

5. Enter the date(s) on which the act(s), omission(s), or conduct occurred:

   _____

6. Describe how the act(s), omission(s), or conduct occurred: _____

   _____

   _____

   _____

   _____

   _____

7. Describe any injury, illness, damage, or other loss or detriment which formed the basis for action affecting coverage: _____

   _____

   _____

   _____

   _____

8. List all patients, clients, or other persons who were the subject(s) of the act(s), omission(s), or conduct which lead to action affecting coverage:

Name	Address	Telephone #

9. List all persons who were present at the time of the act(s), omission(s), or conduct or and would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

Part C - Payments

E Insurers who are reporting persons who are subject to the National Practitioner Data Bank requirements need not complete this Section but must complete the Nebraska Supplement.

E Insurers who are reporting persons who are not subject to the National Practitioner Data Bank must complete this Section.

1. Indicate the type of payment made by checking the item that applies:

   a. ___ Adverse Judgment
   b. ___ Settlement
   c. ___ Award
   d. ___ Other (Specify): _____

2. Describe the act(s), omission(s), or conduct which gave rise to a claim: _____

3. Enter the following information:

   a. Date of Judgment, Settlement, or Award: _____
   b. Payment Date: _____
   c. Payment Amount: $_____
   d. Payment terms and conditions, if any: _____

4. State where the act(s), omission(s), or conduct occurred:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

5. Describe how the act(s), omission(s), or conduct occurred: _____

6. Describe any injury, illness, damage, or other loss or detriment that resulted in the payment being made: _____

7. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

8. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

9. When payment results from a court action or claim having been filed with a court or other adjudicative body, complete the following items:

a. Name of court or adjudicative body: _____

b. Address: _____

_____

c. Case No: _____ Date of Judgment or Order (if any): _____

Section 4: REPORTING ENTITY - Complete all items.

Name of person completing report:

_____ Title: _____

(First) (M.I.) (Last)

Address: _____

_____

_____ _____

(Signature) (Date)

Instructions for reporting social security number:

Disclosure of the social security number should be made only if obtained by you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose for the request is to assist in distinguishing between persons who have the same or similar names for the Department's recordkeeping and implementation of Neb. Rev. Stat. ∋71-168, 71-168.02, 71-1,198 to 71-1,205, and 172 NAC 5, which requires you to file a report with the Department concerning health care professionals when certain actions or events occur. The report you file is subject to review by the applicable licensing board and Department and Attorney General staffs for purposes of enforcement of Nebraska licensing laws. Information is otherwise confidential and made available only according to Neb. Rev. Stat. ∋71-168.01 in the same manner as complaints and investigative files of the Department or as may otherwise be provided by law.

NEBRASKA DEPARTMENT OF HEALTH
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P. O. BOX 95007
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509-5007

NEBRASKA SUPPLEMENT

Section 1: IDENTIFYING INFORMATION - Complete all items for the person being reported.

Name: _____ Work Telephone No: ( ) _____
(First) (M.I.) (Last)

Nebraska License No: _____

Work Address: _____

License Field: _____

_____
(City) (State) (Zip)

Section 2: ADDITIONAL INFORMATION - Complete only the applicable part.

Part A - Payments

Complete all the items that follow if you are a Health Care Facility or Insurer:

1. State where the act(s), omission(s), or conduct occurred which lead to malpractice payment:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

2. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

3. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

Part B - Adverse Action Against Privileges or Membership

If you are a Peer Review Organization or Professional Association, complete all the applicable items that follow:

1. State where the act(s), omission(s), or conduct occurred which lead to the adverse action against privileges or membership:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

2. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

3. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

Section 3: REPORTING ENTITY - Complete all items.

Name of person completing report:

_____ Title: _____
(First) (M.I.) (Last)

Address: _____

_____

_____ _____
(Signature) (Date)

NOTE: Attach this form to the licensing board copy of the National Practitioner Data Bank Report and mail both to the Bureau of Examining Boards.